Application of Docker Istilline	Application	orDocket	Number
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I					SMALL ENTITY				OTHER THAN			
TOTAL CLAIMS		(Column 1)		(Column 2)		١,	TYPE		OR		LL ENTITY	
TOTAL CLAIMS		do					RATE	FEE	_ ՝	RATE	FEE	
FOR			NUMBER FILED		BER EXTRA		BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			22 mi	nus 20=	• 2			X\$ 9=		OR	X\$18=	36
IN	DEPENDENT C	LAIMS ·	₩ minus 3 =		* /			X43=		OR	X86=.	86
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	 	OR	TOTAL	892	
	. С	LAIMS AS Á	MENDE	- PAR	TII					4	OTHER	THAN
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Tota!	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	01.4114	=		X43=		OR	X86=	•
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
				•	•		L	TOTAL		اما	TOTAL	
		(Oak 4):	•	(0 - 1		(O-1 0)	A	DDIT. FEE			ADDIT. FEE	
	<u> </u>	(Column 1) CLAIMS		(Colum		(Column 3)	_		ADDI	1 1		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	166
	Independent	*	Minus	***		=		X43=			X86=	
٨	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-			OR	700-	
		•		•			L	+145=		OR	+290=	
	,	•				٠.	A	TOTAL DDIT, FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQN	Total	*	Minus `	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ا ^س				
+145= OR +290=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OR **ITOTAL ** ADDIT. FEE **ITOT												
•	The "Highest Num	ber Previously Paid	For" (Total or	independer	ut) is the ا	no, enter o. highest number	foun	d in the app	ropriate box	in colu	mn 1.	1